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CONFIRMATION NO. 6441

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/544,150 | FILING OR 371(c) DATE 08/01/2005 RULE | CLASS 424 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. 3009040 US01 |
| APPLICANTS Francis X. Smith, Salem, NH; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US01/46841 11/08/2001 which claims benefit of 60/246,689 11/08/2000 and claims benefit of 60/246,707 11/08/2000 and claims benefit of 60/246,708 11/08/2000 and claims benefit of 60/246,709 11/08/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY NH | SHEETS DRAWING | TOTAL CLAIMS 11 INDEPENDENT CLAIMS 2 |
| ADDRESS 44331 | | | | |
| TITLE Ophthalmic and contact lens solutions containing forms of vitamin b | | | | |
| FILING FEE RECEIVED 730 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |